## Form 8871

For Paperwork Reduction Act Notice, see page 4.

## **Political Organization Notice of Section 527 Status**

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service Part I General Information Employer identification number Name of organization APPLIED FOR JERRY C. DOCKHAM CAMPAIGN FUND Mailing address (P.O. Box or number, street, and room or suite number) P.D. Box 265City or town, state, and ZIP code <u> 27239</u> Denton, nc E-mail address of organization None 4b Custodian's address 4a Name of custodian of records P.O. Box 265 Jerry C. Dockham Denton Contact person's address
P.O. Box 265 5a Name of contact person nc 21239 Dockham Denton 5 erry C. Docknar Denton, recommendation (if different from mailing address shown above). Number, street, and room or suite number 35 Anderson City or town, state, and ZIP code Denton, nC Part II Purpose Campaign Account to Re-Elect Jerry Part III List of All Related Entities (see instructions) 8c Address 8b Relationship Ba Name of related entity OGDE Form **8871** (7-2000)

Cat. No. 30405V

Form **8871** (7-2000)

|                                                          | Bb Title                                    | mpensated Employees (see instructions)  9c Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| 9a Name                                                  | <b>80</b> Title                             | oc Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Under penalties of perjury.                              | declare that the organization named         | Lin Part Lis to be treated as an organization described in section 527 of the Inter-<br>ecompanying schedules and statements, and to the best of my knowledge and belia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Revenue Code, and that I h it is true, correct, and comp | ave examined this notice, including at      | Scottipunging societation and amountained and a second an |
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| - lan                                                    | C. Wockkar                                  | n 7/30/00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Sign Signature of authors                                |                                             | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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